

## 2001-2002 Application for Model Program Replication Grant California Dropout Prevention Network Conference

California Department of Education

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Name of District Superintendent				Return the original to:						
Name of School District		Address		City		Zip Code				
Name of School		Address		City		Zip Code				
Dates of project duration: <p style="text-align: center;">May 1, 2001 - June 30, 2002</p>				CDS CODE	County	District		School		
Date of approval by local governing board			Date of approval by school site council			Submission:				
Legal status of agency <input type="checkbox"/> District <input type="checkbox"/> School <input type="checkbox"/> Other (explain)						<input type="checkbox"/> original <input type="checkbox"/> revision    /    / <b>date</b>				
Contact Person			Title			Telephone		Fax Number		
Address			City		Zip Code		County			
Summer Address			City		Zip Code		Telephone		Fax Number	
<p><b><i>Certification:</i></b> I hereby certify that all applicable state and federal rules and regulations will be observed by this applicant; that to the best of my knowledge, the information contained in this application is correct and complete; and that the attached assurances are accepted as the basic conditions in the operations of this project or program for local participation and assistance. I also certify that: 1) the expenditures reported have been made, and the programs have been conducted in accordance with federal and state laws and regulations with the approved application and its amendments; and that 2) full records of receipts and expenditures have been maintained and are available for audit.</p>										
_____				_____			_____			
<i>Signature of Authorized Representative</i>				<i>Title</i>			<i>Date</i>			
_____				_____			_____			
<i>Signature of School Site Council Chairperson</i>				<i>Title</i>			<i>Date</i>			
_____				_____			_____			
<i>Signature of Board President or Designee</i>				<i>Title</i>			<i>Date</i>			

## 2001-02 Application for Model Program Replication Grant California Dropout Prevention Network Conference

NAME OF SCHOOL DISTRICT		NAME OF SCHOOL		
INFORMATION SUBMITTED: <input type="checkbox"/> Original <input type="checkbox"/> Amendment (No _____ )	TYPE OF REPORT: <input checked="" type="checkbox"/> Budget <input type="checkbox"/> Expenditure	LEVEL: <input type="checkbox"/> High <input type="checkbox"/> Middle	<input type="checkbox"/> Elementary <input type="checkbox"/> District Office	<input type="checkbox"/> Continuation School <input type="checkbox"/> Other School (Describe)
ACCT. NO.	BUDGET CATEGORY (use instructions at left to calculate amounts)	*AMOUNT	* Directions for completing the budget amounts	
1000	Certified Substitutes <i>(only teachers may request substitutes)</i>		<b>Account 1000 and 2000, Substitutes</b> If you are a year-round school and will need substitutes for your teachers to attend the conference, multiply your daily substitute rate by the number of substitutes needed by two work days. $\frac{\text{Daily Rate}}{\text{Daily Rate}} \times \frac{\text{No. of Substitutes}}{\text{No. of Substitutes}} \times \frac{\text{No. of Days}}{\text{No. of Days}} = \frac{\text{Total}}{\text{Total}}$ <i>Staff benefits may not be charged to this grant</i>	
2000	Classified Substitutes			
5200	Travel <i>(Based on calculation indicated under direction #4)</i>		<b>Account 5200 Travel</b> Insert the travel (airfare/mileage) cost for your team to attend the conference. <b>Mileage cost per person may not exceed the lowest possible airfare to Santa Clara.</b> $\frac{\text{Airfare Cost}}{\text{Airfare Cost}} \times \frac{\text{Travelers}}{\text{Travelers}} = \frac{\text{Team Total}}{\text{Team Total}}$	
5200	Meals <i>(Most meals are included in the conference registration. The school may budget one dinner and one lunch for all team members using your district meal reimbursement rate - Conference includes all but 1 dinner, 2 breakfasts)</i>			
5200	Lodging <i>(Applicants must use a shared room arrangement. Room costs are to be calculated using double or triple occupancy rate)</i>		<b>Account 5200, Lodging</b> Hotel room costs must be calculated using a shared room arrangement. (Refer to the CDPN Conference Registration Packet for information about hotel costs.)	
5200	Registration Costs		<b>Account 5200, Registration Costs</b> Registration cost is \$225 per person. Pre-conference registration is \$100 per person (if paid by 8/15/01). Registration costs will increase after that date. Refer to the conference kit for details. $\text{Registration for conference} \times \text{No. of attendees} \times \$225 = \text{Team Total}$ $\text{Registration for pre-conference} \times \text{No. of attendees} = \text{Team Total}$	
The Total Grant Amount must not exceed: ** \$3,500 for schools in <b>northern</b> California ** \$4,000 for schools in <b>southern</b> California  Include only the costs to be paid by the grant on this page. For example, if the total cost for a school in Los Angeles to attend the conference is \$4,200, the total grant amount should state the \$4,000 maximum amount allowable.				
<b>Total Grant Amount Requested</b>		\$		

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### PROGRAM INFORMATION (Noncompetitive Format)

NAME OF SCHOOL DISTRICT	NAME OF SCHOOL
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Workshops to be presented at the conference address one or more of the specified needs areas:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Resiliency Programs</li> <li><input checked="" type="checkbox"/> Community Outreach</li> <li><input type="checkbox"/> Early Childhood Intervention</li> <li><input checked="" type="checkbox"/> Effective SB 65 Models</li> <li><input type="checkbox"/> Incarcerated Youth</li> <li><input checked="" type="checkbox"/> Mentoring Programs</li> <li><input checked="" type="checkbox"/> School Needs Assessment</li> <li><input checked="" type="checkbox"/> Student Study Team/Student Success Teams</li> </ul> | <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Community College Articulation</li> <li><input checked="" type="checkbox"/> Drug Abuse Prevention</li> <li><input checked="" type="checkbox"/> Family Involvement Models</li> <li><input type="checkbox"/> Gang Diversion</li> <li><input checked="" type="checkbox"/> Life Skills Education</li> <li><input checked="" type="checkbox"/> School/Business Partnership<br/>Private Sector Involvement</li> <li><input checked="" type="checkbox"/> Student Self Esteem</li> <li><input checked="" type="checkbox"/> Truancy Reduction</li> </ul> |
|--|--|

Our school would like to attend the California Dropout Prevention Network Conference to be held in Santa Clara, October 18-21, 2001. As a condition of funding, our school team will include the principal (if new to the SB 65 program) or a school administrator responsible for the Motivation and Maintenance Program, Alternative Education Outreach Consultant Program or Educational Clinic, the outreach consultant, and a teacher of multi-funded students. The team must include a minimum of five members and may include school site council personnel (including parents), other teachers, a district representative or school board member, and social service providers. Grant funds cannot be used for stipends, staff benefits, salary or overtime pay for conference attendees. Substitute costs may be charged to the grant. All funds not used for these purposes must be returned to the California Department of Education. The school further understands that these funds are to be used only for the registration, lodging, travel, and meals not provided by the conference, and substitute teacher costs for the 2001 Conference.

**SCHOOL PRINCIPAL ASSURANCES**

As the school principal of \_\_\_\_\_, I agree to all the assurances listed above, and do hereby commit to be in attendance at the 2001 California Dropout Prevention Conference to be held October 18-21, 2001 at the Santa Clara Convention Center as a condition of grant funding. I understand that I may send another school administrator responsible for the Motivation and Maintenance Program if I am not new to the SB 65 program. I also understand that Model Program Replication funds will be returned to the California Department of Education in the event that I or an actual school administrator employed at this site, for any reason, does not attend, or if any of the assurances contained herein are violated.

\_\_\_\_\_  
NAME OF PRINCIPAL  
(Please Type or Print)

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL

## 2001-2002 Application for Model Program Replication Grant California Dropout Prevention Network Conference

**G E N E R A L   A S S U R A N C E S**

NAME OF SCHOOL DISTRICT	NAME OF SCHOOL
<p>The applicant agency, by signature of its authorized representative (district superintendent or designee) below, assures the California Department of Education that the agency will adhere to the following assurances:</p>	
<ol style="list-style-type: none"> <li>1. Programs and services are and will be in compliance with Title VI and Title VII of the Civil Rights Act of 1964, the California Fair Employment Practices Act, Governmental Code Section 11135, and Chapter 4 (commencing with Section 30) of Division of Title 5, California Code of Regulations (CCR). A statement of compliance with Title VI of the Civil Rights Act of 1964 has been filed with the Superintendent of Public Instruction.</li> <li>2. Programs and services are and will be in compliance with Title IX (nondiscrimination on the basis of sex) of the Education Amendments of 1972.</li> <li>3. Each program or activity conducted by the LEA will be conducted in compliance with the provisions under Chapter 2 (commencing with Section 200), Prohibition of Discrimination on the Basis of Sex, of Part 1 of Division 1 of Title 1 of the Education Code and all other applicable provisions of state law prohibiting discrimination on the basis of sex.</li> <li>4. Programs and services are and will be in compliance with the affirmative action provisions of the Education Amendments of 1972.</li> <li>5. Programs and services are and will be in compliance with the Age Discrimination Act of 1975.</li> <li>6. Programs and services for handicapped persons are and will be in compliance with the Education for All Handicapped Children Act of 1975, Section 613(1), and Section 504 of the Rehabilitation Act of 1973.</li> <li>7. When federal funds are made available, they will be used to supplement and, to the extent practicable, increase the amount of state and local funds that would, in the absence of such federal funds, be made available for the uses specified in the state plan, and in no case supplant such state or local funds.</li> </ol>	<ol style="list-style-type: none"> <li>8. All state and federal statutes, regulations, program plans, and applications appropriate to each program under which federal or state funds are made available through this application will be met by the applicant agency in its administration of each program.</li> <li>9. The local educational agency will use fiscal control and fund accountability procedures that will ensure proper disbursement of, and accounting for, state and federal funds paid to that agency under each program.</li> <li>10. The local educational agency will make reports to the state agency or board and to the Secretary of Education as may reasonably be necessary to enable the state agency or board and the Secretary to perform their duties and will maintain such records and will provide access to those records as the state agency or board or the Secretary deem necessary. Such records shall include, but will not be limited to, records which fully disclose the amount and disposition by the recipient of those funds, the total cost of the activity for which the funds are used, the share of that cost provided from other sources, and such other records as will facilitate an effective audit. The recipient shall maintain such records for five years after the completion of the activities for which the funds are used.</li> <li>11. Any application, evaluation, periodic program plan, or report relating to each program will be made readily available to parents and other members of the general public.</li> <li>12. Auditable records of each participating school program will be maintained on file at the district office. (T5 3944; CFR 220.56)</li> <li>13. The district board of trustees has adopted written procedures to ensure prompt response to complaints from parents, members of advisory committees, and members of other groups within 30 days, and has disseminated these procedures to parent or community groups in the district.</li> </ol>
<p>_____ SIGNATURE(DistrictSuperintendentorDesignee)</p>	<p>_____ DateSigned</p>

**2001-2002 Application for Model Program Replication Grant  
California Dropout Prevention Network Conference  
October 18-21, 2001**

SCHOOL TEAM MEMBERS (minimum of 5)

NAME OF SCHOOL DISTRICT		NAME OF SCHOOL	
SCHOOL TEAM MEMBERS		ATTENDING THE PRE-CONFERENCE Y/N	
<i>Name</i>	<i>School Principal or other Administrator*</i>		
<i>Name</i>	<i>Outreach Consultant*</i>		
<i>Name of Team Member</i>	<i>Position</i>		<i>Reason for Selecting this Team Member</i>
<i>Name of Team Member</i>	<i>Position</i>		<i>Reason for Selecting this Team Member</i>
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<i>Name of Team Member</i>	<i>Position</i>		<i>Reason for Selecting this Team Member</i>
<p><b>*REQUIRED TO ATTEND THE PRE-CONFERENCE IF NEW TO SB 65 MOTIVATION AND MAINTENANCE PROGRAM</b></p>			